

Work Permit # SS2009-206

Work Order # _____

Job # _____

Activity # _____

1. Work requester fills out this section.

☐ Standing Work Permit

Requester: <u>DOULYCH</u>	Date: <u>8/19/09</u>	Ext.: <u>2253</u>	Dept/Div/Group: <u>10/PHENIX</u>
Other Contact person (if different from requester): <u>CARTER BULLS</u>		Ext.: <u>7515</u>	
Work Control Coordinator: <u>DOU LYNCH</u>	Start Date: <u>8/19/09</u>	Est. End Date: <u>8/21/09</u>	
Brief Description of Work: <u>EMERGENCY TEST OVER BURN IN EST STAND</u>			
Building: <u>912</u>	Room: <u>RPL FACTORY</u>	Equipment: <u>BURN IN EST STAND</u>	Service Provider: <u>HERZEL CONSTRUCTION</u>

2. WCC, Requester/Designee, Service Provider, and ESS&H (as necessary) fill out this section or attach analysis

ESS&H ANALYSIS			
Radiation Concerns	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Activation	<input type="checkbox"/> Airborne
	<input type="checkbox"/> Contamination	<input type="checkbox"/> Radiation	<input type="checkbox"/> Other
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group		<input type="checkbox"/> Fissionable materials involved, notify Laboratory Criticality Officer	
Radiation Generating Devices:	<input type="checkbox"/> Radiography	<input type="checkbox"/> Moisture Density Gauges	<input type="checkbox"/> Soil Density Gauges
	<input type="checkbox"/> X-ray Equipment		
Safety and Security Concerns	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Explosives	<input type="checkbox"/> Transport of Haz/Rad Material
<input type="checkbox"/> Adding/Removing Walls or Roofs	<input type="checkbox"/> Critical Lift	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Magnetic Fields*
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Nanomaterials/particles*
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Noise*
<input type="checkbox"/> Biohazard*	<input checked="" type="checkbox"/> Elevated Work <u>LADDER</u>	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Non-ionizing Radiation*
<input type="checkbox"/> Chemicals/Corrosives*	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lead*	<input type="checkbox"/> Oxygen Deficiency*
<input type="checkbox"/> Confined Space*	<input type="checkbox"/> Ergonomics*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Penetrating Fire Walls
* Industrial Hygiene (IH) Review Required		<input type="checkbox"/> Vacuum	<input type="checkbox"/> Other
Environmental Concerns	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Work impacts Environmental Permit No.	
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input type="checkbox"/> Land Use Institutional Controls	<input type="checkbox"/> Soil Activation/contamination	<input type="checkbox"/> Waste-Mixed
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Waste-Clean	<input type="checkbox"/> Waste-Radioactive
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Oil/PCB Management	<input type="checkbox"/> Waste-Hazardous	<input type="checkbox"/> Waste-Regulated Medical
<input type="checkbox"/> High water/power consumption	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Underground Duct/Piping
Waste disposition by:			<input type="checkbox"/> Other
Pollution Prevention (P2)/Waste Minimization Opportunity:	<input type="checkbox"/> No <input type="checkbox"/> Yes		
FACILITY CONCERNS	<input checked="" type="checkbox"/> None		
<input type="checkbox"/> Access/Egress <input type="checkbox"/> Limitations	<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm	<input type="checkbox"/> Vibrations
	<input type="checkbox"/> Impacts Facility Use Agreement	<input type="checkbox"/> Temperature Change	<input type="checkbox"/> Other
<input type="checkbox"/> Configuration Control	<input type="checkbox"/> Maintenance Work on Ventilation Systems	<input type="checkbox"/> Utility Interruptions	
WORK CONTROLS			
Work Practices			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Exhaust Ventilation	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment
<input type="checkbox"/> Back-up Person/Watch	<input type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation
<input type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-requires inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")
Personal Protective Equipment			
<input type="checkbox"/> None	<input type="checkbox"/> Ear Plugs	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lab Coat
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator*
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Shoe Covers
			<input checked="" type="checkbox"/> Safety Shoes <input type="checkbox"/> Other
Permits Required (Permits must be valid when job is scheduled.)			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Cutting/Welding	<input type="checkbox"/> Impair Fire Protection Systems	
<input type="checkbox"/> Concrete/Masonry Penetration	<input type="checkbox"/> Digging/Core Drilling	<input type="checkbox"/> Rad Work Permit-RWP No	
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other	
Dosimetry/Monitoring			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input type="checkbox"/> TLD
<input type="checkbox"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization
<input type="checkbox"/> Ground Water	<input type="checkbox"/> O ₂ /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input type="checkbox"/> Other
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump	
Training Requirements (List specific training requirements)			
<u>CONTRACTOR ORIENTATION; LADDER SAFETY</u>			
Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below:		If using the permit when all hazard ratings are low, only the following need to sign: (Although allowed, there is no need to use back of form)	
ESS&H Risk Level:	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	WCC:	Date:
Complexity Level:	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Service Provider:	Date:
Work Coordination:	<input type="checkbox"/> Low <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> High	Authorization to start	Date:
(Departmental Sup/WCC/Designee)			

3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

Work Plan (procedures, timing, equipment, and personnel availability need to be addressed):
 CONTRACTOR WILL ERRECT AN OFF-THE-SHELF SHELTER/TENT OVER THE EXISTING BURN-IN TEST STAND. THE TEST STAND IS NOT YET OPERATIONAL, THEREFORE NO WOTO IS REQUIRED. CONTRACTOR IS SUPPLYING ALL MATERIALS & TOOLS

Special Working Conditions Required (e.g., Industrial Hygiene hold points or other monitoring):
 N/A

Notifications to operations and Operational Limits Requirements: N/A

Post Work Testing, Notification or Documentation Required:

Job Safety Analysis Required: ☐ Yes ☒ No Walkdown Completed (Required): ☒ Yes D. Lynch

Reviewed by: Primary Reviewer signature means that the hazards and risks that could impact ESS&H have been identified, a Walkdown was completed and the hazards will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer	V. Scull	[Signature]	13179	8/19/09
ES&H Professional	J. Maraviglia	[Signature]	20174	8/19/09
Building Manager				
Service Provider				
Work Control Coordinator	DONALD LYNCH	[Signature]	20146	8/19/09
Safety and Health Services (i.e. IH Rep)				
Other	D. Phillips	[Signature]	19078	8/19/09

Review Done: ☐ in series ☐ team

4. Job site personnel fill out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments).

Job Supervisor: CHATER B 1665	Contractor Supervisor:
Workers: Kenneth Page A7161	Workers: Life #:

Workers are encouraged to provide feedback on ESS&H concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Department/Division Line Manager or Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)

Name: DON LYNCH	Signature: [Signature]	Life #: 20146	Date: 8/19/09
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6. Worker provides feedback.

Worker Feedback (use attached sheets as necessary)

a) WCM/WCC: Are there any changes as a result of worker feedback? ☐ Yes ☐ No

Note: See work planning and control subject area section 2.6.

7. Post Job Review/Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of work area to work supervisor.) The WCC ensures that the change process to update drawings, placards, postings, procedures, etc. are initiated, if necessary.

Name:	Signature:	Life #:	Date:
Comments:			

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